



Docket No. 78805/JPW/MC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ehud Cohen et al.
Serial No. : 10/722,559 Examiner: M. Bockelman
Filed : November 25, 2003 Group Art Unit: 3766
For : TREATMENT OF DISORDERS BY UNIDIRECTIONAL NERVE STIMULATION

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: November 14, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	90 -	* 103 =	*** 0 X	\$26	\$52	=		0
Indepen- -dent Claims	3 -	** 4 =	*** 0 X	\$110	\$220	=		0
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$195	\$390	=		0
				TOTAL ADDITIONAL FEE			\$	0

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Amendment Transmittal Letter
Page 2

The following are also enclosed:

_____ One additional copy of this Amendment Transmittal Letter

X Return Receipt Postcard

 An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes No

and a fee of \$ _____ included)

X A Petition for an Extension of Time, including a fee of
\$ 1,110.00 for a Petition for 3 Month(s) Extension of Time

_____ Other (identify):

THE TOTAL FEE DUE IS \$ 1,110.00

 X A check in the amount of \$1,110.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____

X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

<u>X</u>	Fees under 37 C.F.R. §1.16 for the presentation of extra claims
	Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450.

John P. White
Reg. No. 28,678

Date _____

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